

FILED FEB 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43964

Registrar's No. 6

BIRTH NO. _____		REG. DIST. NO. 218		PRIMARY REG. DIST. NO. 5788		State File No. 43964	
1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana b. COUNTY Lake			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston-Rural-Mississippi				c. LENGTH OF STAY (In this place) OR TOWN Few days			
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD Charleston 6 mi S. E.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gary, Indiana			
				d. STREET ADDRESS (If rural, give location) 1944 Maryland Ave.,			
3. NAME OF DECEASED (Type or Print)		a. (First) Bill		b. (Middle) none		c. (Last) Beamon	
4. DATE OF DEATH		(Month) (Day) (Year)		Oct. 16th, 1950			
5. SEX Male 2		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH Year of 1895	
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm labor		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Lexington, Kentucky /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME No record		13b. MOTHER'S MAIDEN NAME no record		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		(If yes, give war or dates of service) World War 1		16. SOCIAL SECURITY NO. 307 20 3846		17. INFORMANT'S SIGNATURE OR NAME Mrs La Gora Sanders, 1944 Maryland, Gary,	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UNKNOWN NATURAL CAUSES  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Deceased was found dead in sharecropper cottage where he had been staying alone. DUE TO (c) No evidence of foul play found in the II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coroners investigation. Deceased had complained of feeling ill last time anyone had talked with him. Probably developed pneumonia. Died without medical aid.				INTERVAL BETWEEN ONSET AND DEATH 7953	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from AS CORONER, ONLY, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1 A m., from the causes and on the date stated above.							
23a. SIGNATURE 3 (Degree or title) Coroner Miss. Co. Mo.				23b. ADDRESS Charleston, Missouri		23c. DATE SIGNED 10/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 10/20/1950		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Missouri	
DATE REC'D BY LOCAL REG. 2-10-51		REGISTRAR'S SIGNATURE Gertrude G. Harper		25. FUNERAL DIRECTOR'S SIGNATURE THE NUNNELSE FUNERAL CHAPEL, Charleston, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 13 1951

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed FEB 16 1951

FEB 20 1951

FEB 16 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John T. Munnelle Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.